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Dated: 1/26/05

Signature: Joanne Ryan

(Joanne Ryan)

Docket No.: BBNT-P01-112  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Elliott et al.

Application No.: 09/624796

Confirmation No.: 7220

Filed: July 25, 2000

Art Unit: 2663

For: SYSTEM AND METHOD FOR TESTING  
PROTOCOLS FOR AD HOC NETWORKS

Examiner: D. W. Ferris

**AMENDMENT AFTER FINAL ACTION (37 C.F.R. SECTION 1.116)**

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated November 3, 2004 (Paper No. 20041028), finally rejecting claims 1-4, 6-13, and 34-38, and objecting to claim 5, please amend the above-identified U.S. patent application as follows:

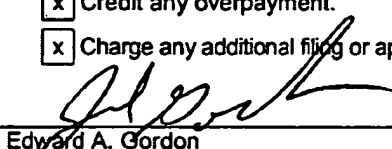
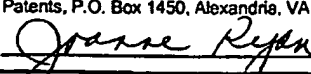
**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 12 of this paper.

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DWF 2/25/05  
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AMENDMENT TRANSMITTAL LETTER				Docket No. BBNT-P01-112	
Application No. 09/624796		Filing Date July 25, 2000		Examiner D. W. Ferris	
				Art Unit 2663	
Applicant(s): Elliott et al.					
Invention: SYSTEM AND METHOD FOR TESTING PROTOCOLS FOR AD HOC NETWORKS					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	27	- 38 =	0	x	0.00
Independent Claims	3	- 6 =	0	x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-1945</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Edward A. Gordon Attorney Reg. No.: 54,130  ROPES & GRAY LLP One International Place Boston, Massachusetts 02110-2624 (617) 951-7532				Dated: <u>January 26, 2005</u>	
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Dated: <u>1/26/05</u>		Signature:  (Joanne Ryan)			